

COMMISSIONER'S COMMENTS

Last week a Local Health Department Director asked, "What do you think I should do?" I responded, but now have given thought to a more comprehensive response. I think you should:

- Start by acknowledging that the world has changed in the last 5 years and that those changes may be around for a while;
- Encourage your staff, your board, your counties' doctors, schools, and others to put their heads together to find ways their combined resources could do more if they were deployed differently;
- Work with all concerned to identify situations where people can give in to win;
- Scan the literature and the academic centers to see what others have done over the years when these periodic short funding cycles turn up;
- Ensure that you are spending every last nickel of federal, BT, and tobacco funds that have been allocated to you;
- Encourage your colleagues to do the same. Some health departments find a way to spend all their money and some do not. As a result, we gave up millions of dollars last year because our system could not spend them wisely. Surely there has to be a better way.

In my experience the independent variables driving the performance of any public organization are not its mission, goals, and principles. The driving forces are the environment, the requirements of the various entities that govern it (personnel, regulations, laws, professional needs) and budget. In the case of public health:

- The environment is changing---HIV, chronic diseases and substance abuse are killing and damaging many more of us than the vaccine preventable diseases and perinatal conditions that ran rampant during the first half of the 20th century;
- The requirements and laws are changing---it is much harder to just tell people what to do because so many people want to do their own thing whether it benefits the society or not, and;
- The economy is changing...no one in the public sector has the money it needs to carry out the obligations heaped on it by 60 years of economic dominance, easy money, and an expanding attitude of government will help me no matter what I do about my retirement, my health, my safety, my motorcycle helmet, my eating habits, or my substance abuse.

If you can lead your staff through this current situation without them getting the sense that they have been deserted, you will have established yourself as an excellent leader in both tough times and easy times. Anyone can lead when the money is easy. Leadership today requires strong leadership skills.

Given these changes, which I believe, are beyond our control as public servants, I think we are continuing to try to make an outmoded system work in a changed world. I think we need to look at our existing resources to be sure that they are maximally efficient, that we have built all the partnerships we can so the community resources are being applied at maximum efficiency, and that we stimulate meaningful public debate to determine what things are the most important for government to do, when clearly government cannot do everything for everyone.

You noted that you run an efficient operation and by the standards of Kentucky's local health departments there is no question that your clinic and laboratory numbers are efficient. The questions are: In these trying times, are there even more efficiencies that can be achieved in your health department by sharing resources with other agencies or by reducing the effort in low efficiency low need services? Are there things that public health can teach others to do for themselves so public health can focus on things that no one else can do? How does your public health department stack up against other health departments in Kentucky and elsewhere regarding its impact on health status?

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I do not know the answers to these questions because no one measures this kind of productivity. However, the day is coming when the United States is going to require all of us to compare ourselves to national performance requirements and benchmarks.

"We need more money." "They ought to raise taxes." Everyone associated with government programs says that they need more money but I do not see anyone getting much

more. I do not see that *everyone* is going to get more because I think too many people think that the public's return on their investment is not what it could be. Because everyone wants local autonomy, people do not like it when folks say that we could run KY Public Health with 15 district health departments. Local autonomy is not a problem, but it has a cost because we are less efficient. If having many small health departments is the priority for the state, then we have to accept the fact that priority has come at the expense of other things we would like to do.

You mentioned school health services. They are great, they are necessary, and people love them, but no one wants to pay for them out of their funds. Instead, everyone wants someone else to pay for the services. Counties could raise their public health tax to pay for school health, schools could probably raise the education tax, the health department could consider reworking some of its budget proposals to emphasize school health, and then there are those reserve funds if you have any.

The current administration is putting a major emphasis on restructuring existing resources to see what can be done to make things better *before* requesting tax increases. Tax increases help people like you and me because they give us more revenue, but many people think they hurt the economy because they spend dollars on transfer payments instead of investing in economic growth. Generally, those who are dependent on public financing say that they just cannot make it without more money. I think those who are able to find ways to share and become even more efficient will prevail in the long run and those public agencies that just cannot make it will find some or their entire mission taken over by other groups.

Public health has been around for over 125 years because it is...and has been...staffed by people who care and people who figure out how to make the best of tough situations. I fully expect that to continue but it will not be easy. But I expect us to adapt and to be around for at least another 125 years. After all, public health has been around in one fashion or another since they wrote the Old Testament.

*Submitted by: Rice C. Leach, M.D., Commissioner
Department for Public Health*

EPIDEMIOLOGY

Amended Prevnar Shortage Recommendation

On February 13, 2004, the Centers for Disease and Control and Prevention (CDC) recommended that health-care providers temporarily suspend routine use of the fourth dose of 7-valent pneumococcal conjugate vaccine (PCV7) when vaccinating healthy children. This action was taken to conserve vaccine and minimize the likelihood of shortages until Wyeth Vaccines, the only U.S. supplier of PCV7 (marketed as Prevnar®), restores sufficient production capacity to meet the national need. Since that recommendation, PCV7 production has been much less than expected because of continuing problems with the PCV7 vial-filling production line. Shipments have been delayed, resulting in spot shortages that might continue beyond summer 2004 and become widespread.

Effective immediately, to further conserve vaccine, CDC recommends that all health-care providers **temporarily suspend routine administration of both the third and fourth doses to healthy children.**

For those children not at increased risk, the new recommendation is for the temporary suspension of the third dose given at 6 months of age and a fourth (booster) dose given at 12 to 15 months of age, regardless of the amount of PCV7 vaccine in providers inventories. Healthcare providers should move to a two-dose series of one dose at two months and one dose at four months. Providers should continue to administer the third and fourth doses to children at increased risk of severe disease. Children at high risk for pneumococcal infection are those who have sickle cell disease or asplenia; HIV or other immunocompromising conditions; or chronic illness that would increase their risk of pneumococcal infection.

Providers should maintain lists of children who have had PCV7 deferred so that they can recall and vaccinate when supplies of PCV7 are adequate, unless they have reached their second birthday during the interim. The Kentucky Immunization Program will notify all Vaccines for Children providers when the shortage is resolved and can start recalling children.

This recommendation reflects CDC's assessment of the existing national PCV7 supply and may be changed if the supply changes. Updated information about

vaccine supplies is available from CDC at <http://www.cdc.gov/nip/news/shortages>. The CDC recommendations appear as a Notice to Readers in the March 5, 2004, Morbidity and Mortality Weekly Report which can be found at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5308a5.htm>.

TEMPORARY RECOMMENDATION FOR USE OF PCV7

RISK OF CHILD	MONTHS			
	2	4	6	12-15
Not Increased	Provide	Provide	Defer*	Defer*
Increased	Provide	Provide	Provide	Provide

* Defer the third dose (6months) and fourth dose (12-15 months) PCV7 for children who are not at increased risk until vaccine supply is adequate (so long as age remains less than two at such time).

*Submitted by: Victor Negron
Kentucky Immunization Program*

LABORATORY

Computer Laboratory Report Retrieval

Below you will find written instructions for printing the State Lab Report 860. Please share with staff, as this can help alleviate the frustration for nurses and environmentalists who do not access these reports on a daily basis. The District Health Department office can retrieve a laboratory report that has been sent to the county health department if you know the county site number.

PRINTING INSTRUCTIONS FOR STATE LAB REPORT 860

- The User's KY Number (Security Sign on) must have special access to be able to print the report out.
- The Command to print current the 860 report is:
Q2PR (Site#) (Printer#) 860 ALL
The Command to print out a previous 860 report is:
Q2PR (Site#) (Printer#) 860 ALL MMDD
MM = Month & DD = Day. Do a QIAI(space)Site # and find the report you want to print and look at the report name. The report name lists the MMDD you need to enter to print that report.
- District site's can print their counties 860 reports at the District site. You can do a PSIL (Client) (District) and this command will list the county site numbers in your District. Find the county site number you want to print an 860 report for and put it into the site number field in the Q2PR command.
- To print out Test Results on Individual Patients use one of the following commands:
LLNM (Client) (District/Location/Site) (Last Name) (First Name) (Initial)
LLNM (Client) (District) (Last Name) (First Name) (Initial)
LLIN (Client) (District/Location/Site) (Patient Id)
LLIN (Client) (District) (Patient Id)

- To print out Water Test Results on Individual Patient use one of the following commands:
WANM (Client) (District/Location/Site) (Last Name) (First Name) (Initial)
WANM (Client) (District) (Last Name) (First Name) (Initial)
WAIN (Client) (District/Location/Site) (Patient Id)
WAIN (Client) (District) (Patient Id)

The ability to retrieve computer laboratory reports expedites quality care and treatment of the patients served by both the laboratory and local health departments.

Submitted by: Meloney Russell



LocalOPs

KENTUCKY PUBLIC HEALTH WEEK

Kentucky Public Health Week is April 5-11, 2004. Kentucky is partnering with the American Public Health Association (APHA) for recognition of Local Public Health Week Activities. If you have activities you want posted on the APHA Website, please send them to Gwenda Bond at Gwenda.Bond@ky.gov.

We want to remind everyone that Governor Fletcher will be signing the Proclamation declaring April 5-11 as Kentucky Public Health Week on Friday, April 5 at 10:15 a.m. in Room 110 of the Capitol. Please take time out of your busy schedule to attend this important event.

Thank you for your support of Kentucky Public Health.

*Submitted by: Connie Richmond,
Training Branch*

56th ANNUAL KENTUCKY PUBLIC HEALTH ASSOCIATION (KPHA) CONFERENCE

* REMINDER *

Mark your calendars for May 3-6, 2004 to attend the 56th Annual KPHA Conference. The Golf Scramble will be held on Monday, May 3rd. Registration information

can be found on the KPHA website: www.kpha-ky.org.

KPHA has tickets for sale for a Kentucky Derby Prize Package, which includes 2 box seats for the Derby and 3 nights lodging at the Executive West Hotel in Louisville for the May 1, 2004 Derby. Tickets are \$5 and the money will be used for the KPHA Scholarship Fund. You may purchase tickets from any KPHA Board member or send check payable to KPHA @ P.O. Box 1091, Frankfort, Ky. 40602-1091. The drawing will be on April 14 @ the KPHA Board meeting. The winner will be notified by phone.

Come to the conference for information updates, CEUs, exhibits and networking. Look forward to seeing you there.

*Submitted by: Cris Sparks,
Nursing Branch*

KENTUCKY PUBLIC HEALTH LEADERSHIP INSTITUTE (KPHLI) GRADUATION

As part of National Public Health Week, the University of Kentucky School of Public Health KPHLI is hosting the annual graduation ceremony for the leadership institute scholars, Tuesday, April 6. Upon graduation, the scholars will become KPHLI fellows and designated leaders to serve the commonwealth in health improvement initiatives.

Twenty-eight scholars will present their change master projects beginning at 8:30 a.m. at the Campbell House, Lexington, Kentucky. A luncheon and awarding of certificates follows with opening remarks provided by Rice Leach, M.D. Commissioner for Public Health and keynote presentation by Adewale Troutman, MD, MPH, Director, Louisville Metro Health Department. Dr. Troutman's remarks will focus on the theme for National Public Health Week; "Eliminating Health Disparities, communities moving from statistics to solutions."

The Kentucky Public Health Leadership Institute is made possible by grants from the Kentucky Department for Public Health and the Centers for Disease Control in

Atlanta. For more information on KPHLI contact Cynthia Lamberth, Director, 895 257-1127 or visit www.mc.uky.edu/kphli/.

MOBILE COMPUTER LABORATORY

Below you will find the SkillsMobile Schedule for April through July. As would be expected, we were unable to accommodate everyone's first choice of dates. Jim Thompson will contact the LHD to make logistical arrangements.

Please continue to send request for training sessions.

SCHEDULE FOR BASIC COMPUTER TRAINING MOBILE COMPUTER LABORATORY

DATE	LOCATION
April 27-30	Daviess/Green River DHD
May 3-7	Henderson/Green River DHD
May 10-14	Mr. Thompson out of office
May 17-20	Green River DHD
May 24-28	Oldham County
June 1-11	Jefferson
June 14-July 2	Barren River
July 6-9	Pennyrile
July 12-16	Hopkins, Christian, Muhlenberg, Todd
July 19-30	Purchase DHD

*Submitted by: Eula Spears
Manager Training Branch*



EDITOR'S NOTE:

Please submit articles, state/local staff spotlight nominees, or suggestions for the Local Health Link to:

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